



202601120061

01/12/2026 03:01 PM Pages: 1 of 7 Fees: \$309.50
Skagit County Auditor

When recorded return to:
Susie Clay
323 Woodrow Place
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20260097
JAN 12 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By *[Signature]* Deputy

Document Title(s) or transactions contained herein:

Lack of Probate Affidavit

Reference Number(s) of related documents:

There is no reference number assigned or released.

GRANTOR(S):

SUSIE L CLAY, surviving spouse of LYNN S CLAY, deceased

GRANTEE(S):

SUSIE L CLAY, as her separate estate

Legal Description(s):

LOT 2, PLAT OF WOODROW PLACE, RECORDED UNDER RECORDING
NUMBER 201909050037 RECORDS OF SKAGIT COUNTY, STATE OF
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Assessor's Property Tax Parcel/Account Number(s) at the time of recording:

6069-000-002-0000 / P134931

LACK OF PROBATE AFFIDAVIT – COMMUNITY PROPERTY

The undersigned affiant/grantee, **SUSIE L CLAY**, being first duly sworn, declare as follows:

Status. I am the surviving spouse and rightful heir of **LYNN S CLAY**, who died on **July 12, 2025** at **Sedro Woolley, Skagit County, Washington**. A copy of her Death Certificate is attached to this Affidavit.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent.

All other heirs of the decedent living at the time of the decedent's death

1. Full name: Donald Theodore Clay
Relationship: Son
Residing in: Sedro Woolley
Age: Adult

Decedent's Will & Probate

Decedent left no Last Will and Testament

Legal Description(s) of Real Property Subject to the Affidavit.

Decedent left a community interest in the following real property as community property, described as follows:

LOT 2, PLAT OF WOODROW PLACE, RECORDED UNDER RECORDING NUMBER 201909050037 RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Subject to: This conveyance is subject to the covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

Assessor's Property Tax Parcel/Account Number(s) at the time of recording:

6069-000-002-0000 / P134931

Commonly known as: 323 Woodrow Place, Sedro Woolley, WA 98284

Character and Value of Decedent's Estate. The approximate value of Decedent's estate at death is as follows:

Property	Approximate Value
One-half share of community	\$ 678,400.00

Decedent's Debts & Expenses. All the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid or otherwise provided for.

Washington Estate Tax

Decedent's estate was not liable for Washington estate tax.

Federal Estate Tax

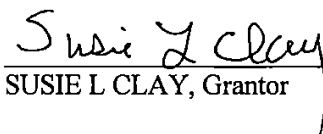
Decedent's estate was not liable for federal estate tax.

Washington Assistance

Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

Purpose of Affidavit. I am making this Affidavit to induce Skagit County Assessor's Office, in reliance on the representations made in this Affidavit, to remove decedent's name from the real property passing to me, as the surviving spouse of LYNN S CLAY, because the real property was Decedent's and my community property.

EXECUTED on this 12th day of January, 2026



SUSIE L CLAY, Grantor

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this 12th day of January, 2026, I certify that I know or have satisfactory evidence that **SUSIE L CLAY** is the person who appeared before me and that they acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.



NOTARY PUBLIC for the State of Washington
My Commission expires: July 22, 2026

Exhibit A:

Death Certificate of Lynn S Clay, issued July 18, 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-034790

DATE ISSUED: 07/18/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LYNN SUSAN
LAST NAME(S): CLAY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 12, 2025
HOUR OF DEATH: 12:40 PM
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAN FRANCISCO, CALIFORNIA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SUSIE LYNN RICHARDS

OCCUPATION: ADJUSTOR
INDUSTRY: INSURANCE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: SUSIE CLAY
RELATIONSHIP: WIFE
ADDRESS: 323 WOODROW PLACE, SEDRO-WOOLLEY, WA, 98284

CAUSE OF DEATH:
A: CENTRAL NERVOUS SYSTEM LYMPHOMA.
INTERVAL: 4 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 323 WOODROW PL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-8881

RESIDENCE STREET: 323 WOODROW PL
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284-8881
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: DANIEL HENRY RHODES
MOTHER: JULIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 15, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: HELEANA FOLEY

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 14, 2025

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: JULY 14, 2025

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 01/12/2026 03:01 PM Center for Health Statistics

This is a legal document. Complete in ink and do not alter.

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY
State File Number Fee Number Initials Date Affidavit Number

Required information must match current information on record
Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box or Street Address City State Zip
Telephone Number: Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:
The record currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

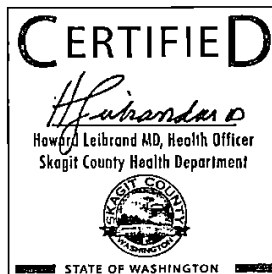
Birth Certificates
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
• No proof is required to change the first or middle name.*
• To correct parent's information, one proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider is required.
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.
Adult (18 years or older)
• Only the adult can change his or her birth certificate.
• If the first or middle name is missing, three pieces of proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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